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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 20643/0205621-US0 Digeo 252 |
| Application No. 10/033,365-Conf. #7808 | Filing Date December 26, 2001 | Examiner S. A. Chowdhury | Art Unit 2623 | |
| Applicant(s): Kim E. Lorenz | | | | |
| Invention: DISPLAY FOR A CLIENT TERMINAL FOR AN INTERACTIVE VIDEO CASTING SYSTEM | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an Amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 52 | - 50 = | 2 | x 50.00 100.00 |
| Independent Claims | 8 | - 8 = | 0 | x 200.00 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 100.00 | | | | |
| <input checked="" type="checkbox"/> Large Entity | | <input type="checkbox"/> Small Entity | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Dated: December 13, 2006 | | | | |
| Bruce E. Black Attorney/Agent Reg. No.: 41,622 | | | | |
| DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (206) 262-8900 | | | | |